



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive, Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

**PROFESSIONAL COUNSELOR
POST-MASTER'S DIRECTED EXPERIENCE - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM F**

INSTRUCTIONS: NO FAXED FORMS ACCEPTED.

- Please type or print clearly.
- Supervision may have been obtained at any time while you engaged in post-master's directed experience. The supervision documented for your licensure application need not necessarily be from the supervisors who provided your original training. Supervision must meet the standards set out in the Rules for Professional Counselors. You must have received a minimum of 30 hours of supervision during each 12-month period of directed experience.

The Directed Experience Supervisor must be:

Either be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or a Certified Rehabilitation Counselor.

- Meet the post-licensure experience requirements for the degree held.
- See Board Rule Chapter 135-5-.02(a) 5.

APPLICANT:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.

PART I - APPLICANT

NAME: _____ SECURITY NUMBER: _____ SOCIAL _____

I hold a: ☐ Master's Degree ☐ Specialist Degree ☐ Doctorate Degree

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____
who served as my supervisor while I worked under the direction of: _____

Name of Director: _____

at: _____

Name of Agency or Organization Address City State Zip

and that this supervisor has the following credentials:

License Type: ☐ Professional Counselor ☐ Clinical Social Worker ☐ Marriage and Family Therapists ☐ Psychologist
☐ Psychiatrist ☐ Certified Rehabilitation Counselor

License #: _____ State: _____ Date Issued: _____ Expir. Date: _____ Years of Practice After Licensed: _____

SUPERVISION:

Supervision Provided:	From: (Month/Year)	To: (Month/Year)	Total Number of Hours:
Description of Practice Supervised:			

Date
Sworn to and subscribed before me this
_____ day of _____, _____.

Signature of Applicant

Notary Public
My Commission Expires: _____

NOTARY SEAL